

APPLICATION FOR THE PROVISIONAL FOREIGN TEACHER TEACHING CERTIFICATE

This certificate is required for a teacher or professor from any foreign country, state, territory or possession of the United States contracted through the Foreign Teacher Exchange Program or other foreign teacher recruitment programs approved by the United States Department of State. It is issued in the areas of early childhood education, elementary education, secondary education, special education, and career and technical education. The Provisional certificate is valid for 1 year and may be extended 1 year.

ARIZONA DEPARTMENT OF EDUCATION - CERTIFICATION UNIT

Mailing Address: Phoenix Office: P.O. Box 6490, Phoenix, AZ 85005-6490 • Telephone: (602) 542-4367

GENERAL INSTRUCTIONS AND INFORMATION: Please submit the following:

- A photocopy of your valid Arizona Department of Public Safety **IYP** fingerprint card (plastic) issued. You may order an "IYP" packet by calling AZDPS at (602) 223-2279.
- Completed application for Provisional Foreign Teacher Teaching Certificate. Answer every Criminal History question. If you answer "Yes" to any Criminal History questions, you must submit a completed Explanation of Incident form.
- A check or money order for the amount due, made payable to the Arizona Department of Education (**ADE**). Fees are **not** refundable. **Cash will not be accepted.**
- Consent verification letter of intent to hire from the contracting governing board, the education service agency, the charter holder, or the Arizona Board of Regents indicating grade level placement and school district and signed by the district Superintendent or HR director.
- Photocopy of a valid J-1 or H1-B visa.
- Verification of a Bachelor's degree equivalent to a Bachelor's degree from the United States and a comparable out of country teacher preparation program in the requested area. A list of evaluation agencies is provided on our website at <http://www.azed.gov/educator-certification/files/2011/10/foreign-credential-evaluation-agencies.pdf?20150909>.
- Verification of a passing score on the Test of English as a Foreign Language (TOEFL), or the International English Language Testing System (IELTS), or the Pearson Test of English Academic (PTE Academic). See certificate requirements for details.

SECTION 1: PERSONAL INFORMATION (TYPE OR PRINT IN BLUE OR BLACK INK)

Social Security Number: _____ **Date of Birth:** ____/____/____ **Gender:** M / F
(For identification purposes only)

Full Legal Name: _____
Last First Middle

Mailing Address: _____
Street Number or P.O. Box City State Zip

Telephone: (____) _____ **Email Address:** _____ ☐ Check box if you want to receive ADE updates via email.
(Home) (Home)

Ethnicity: ____ Asian or Pacific Islander ____ Black or African-American (Not-Hispanic) ____ Hispanic or Latino
____ White (Not-Hispanic) ____ American Indian or Alaskan Native ____ Other

SECTION 2: CERTIFICATION TYPE AND FEES

TEACHING CERTIFICATES:

| | | | |
|---|------|---|------|
| ____ ELEMENTARY (1-8)..... | \$60 | ____ EARLY CHILDHOOD..... | \$60 |
| ____ APPROVED AREA ELEMENTARY - AREA..... | \$60 | ____ SECONDARY (7-12)(ONE APPROVED AREA)- AREA..... | \$60 |
| ____ ARTS EDUCATION (PreK-12)..... | \$60 | ____ ADDITIONAL APPROVED AREA SECONDARY- AREA..... | \$60 |
| (Select One:) | | | |
| ____ ART ____ DANCE ____ DRAMATIC ARTS ____ MUSIC | | | |

SPECIAL EDUCATION (K-12):

| | | | |
|--|------|---|------|
| ____ CROSS-CATEGORICAL (ED, LD, ID, O/HI)..... | \$60 | ____ INTELLECTUAL DISABILITY..... | \$60 |
| ____ EARLY CHILDHOOD (BIRTH TO AGE 5)..... | \$60 | ____ SEVERELY AND PROFOUNDLY DISABLED | \$60 |
| ____ EMOTIONAL DISABILITY..... | \$60 | ____ VISUALLY IMPAIRED | \$60 |
| ____ HEARING IMPAIRED..... | \$60 | | |
| ____ LEARNING DISABILITY..... | \$60 | | |

CAREER AND TECHNICAL EDUCATION CERTIFICATES (K-12):

| | | | |
|----------------------------------|------|--|------|
| ____ AGRICULTURE..... | \$60 | ____ FAMILY AND CONSUMER SCIENCES..... | \$60 |
| ____ BUSINESS AND MARKETING..... | \$60 | ____ HEALTH CAREERS..... | \$60 |
| ____ EDUCATION AND TRAINING..... | \$60 | ____ INDUSTRIAL AND EMERGING TECHNOLOGIES..... | \$60 |

*PURSUANT TO A.R.S. 15-534.03, EACH EDUCATOR MUST NOTIFY THE DEPARTMENT OF EDUCATION OF ANY CHANGE OF ADDRESS WITHIN 30 DAYS. CHANGE OF ADDRESS FORMS ARE AVAILABLE ON OUR WEBSITE. ALL DOCUMENTATION, INCLUDING TRANSCRIPTS, BECOMES THE PROPERTY OF THE ARIZONA DEPARTMENT OF EDUCATION AND WILL NOT BE RETURNED. REQUIREMENTS MAY BE SUBJECT TO CHANGE AND ARE FULLY REFERENCED IN THE ARIZONA REVISED STATUTES AND ADMINISTRATIVE CODE.

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(CONTINUED)**

SECTION 3: CRIMINAL HISTORY - ANSWER EVERY QUESTION, SIGN AND DATE

ATTN: If "YES" is indicated for any of the following questions, please attach a full explanation to this application.
A statement must be provided with each application.

1. YES___ NO___ Have you ever had any professional certificate or license revoked or suspended?
2. YES___ NO___ Have you ever received a reprimand or other disciplinary action involving any professional certification or license?
3. YES___ NO___ Have you ever been convicted of any felony?
4. YES___ NO___ **Have you ever been arrested for any offense for which you were fingerprinted?**
5. **HAVE YOU EVER BEEN ARRESTED FOR ANY OF THE FOLLOWING OFFENSES IN THIS STATE OR SIMILAR OFFENSES IN ANOTHER JURISDICTION?**

| | | | | | |
|--------------|-----------------------------------|--------------|--|--------------|-----------------------------------|
| YES___ NO___ | a Second-degree murder | YES___ NO___ | j Sexual abuse of a minor | YES___ NO___ | s First-degree murder |
| YES___ NO___ | b Aggravated assault | YES___ NO___ | k Taking a child for the | YES___ NO___ | t Armed Robbery |
| | resulting in serious | | purpose of prostitution as | YES___ NO___ | u Incest |
| | physical injury or | | prescribed in section 13-3206 | YES___ NO___ | v Exploitation of minors |
| | involving the discharge, | YES___ NO___ | l Child prostitution as | | involving drug offenses |
| | use or threatening | | prescribed in section 13-3212 | | w Sexual abuse of a |
| | exhibition of a deadly | YES___ NO___ | m Involving or using minors | YES___ NO___ | vulnerable adult |
| | weapon or dangerous | | in drug offenses | | x Sexual exploitation of a |
| | instrument against a minor | YES___ NO___ | n Continuous sexual abuse of a | YES___ NO___ | vulnerable adult |
| | under fifteen years of age | | child | | y Commercial sexual |
| YES___ NO___ | c Sexual assault | YES___ NO___ | o Attempted first-degree murder | YES___ NO___ | exploitation of a |
| YES___ NO___ | d Molestation of a child | YES___ NO___ | p Any other dangerous crime | | vulnerable adult |
| YES___ NO___ | e Sexual conduct with a | | against children as defined in | YES___ NO___ | z Abuse of a vulnerable |
| | minor | | section 13-604.01 | | adult |
| YES___ NO___ | f Commercial sexual | YES___ NO___ | q Any of the above listed | YES___ NO___ | aa Molestation of a |
| | exploitation of a minor | | offenses if committed as a | | vulnerable adult |
| YES___ NO___ | g Sexual exploitation of a | | reparatory offense as | YES___ NO___ | bb Neglect of a vulnerable |
| | minor | | described in section 13-1001 | | adult |
| YES___ NO___ | h Child abuse | YES___ NO___ | r Any offense causing you to | | |
| YES___ NO___ | i Kidnapping | | register as a sex offender | | |

I understand that pursuant to ARS § 15-534, any person who makes a false statement, representation or certification in any application for certification is guilty of a misdemeanor offense. I swear or affirm that the foregoing information completed by me, or submitted by me for certification purposes is, to the best of my knowledge, true and correct. Furthermore, should any part or all of the information herein provided prove to be false, I recognize that it shall be just cause for revocation, suspension, or other disciplinary action against any certificate issued to me by the Arizona Department of Education.

Date

Applicant's Signature